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HOWISON & ARNOTT, L.L.P.
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PATENT AND TRADEMARK MATTERS

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FACSIMILE COVER SHEET

DATE: December 2, 2005
TO: Examiner: John E. Elmore
COMPANY: U. S. Patent Office
FAX NUMBER: Centralized Fax: (571) 273-8300
FROM: Howison & Arnott, L.L.P. (Brian D. Walker)
OUR FILE : CRIT-27,301
SERIAL NO.: 10/043,654
ATTACHED: Transmittal Form (1); PTO/SB/82 Revocation (1);
PTO/SB/96 Statement (1)

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PTO/SB/21 (08-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/043,854
	Filing Date	01/10/2002
	First Named Inventor	Nelson Waldo Bunker V.
	Art Unit	2134
	Examiner Name	John E. Elmore
	Attorney Docket Number	CRIT-27,301
Total Number of Pages in This Submission		3

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO/SB/82 Revocation (1); Form PTO/SB/96 Statement (1)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Howison & Arnott, L.L.P.		
Signature			
Printed name	Brian D. Walker		
Date	12/2/05	Reg. No.	37,751

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Brian D. Walker	Date	12/2/05

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PTO/SB/82 (04-05)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/043,654
Filing Date	01/10/2002
First Named Inventor	Nelson Waido Bunker V., et al.
Art Unit	2134
Examiner Name	John E. Elmore
Attorney Docket Number	CRIT-27,301

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

25883

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

25883

OR

☒ Firm or
Individual Name HOWISON & ARNOTT, L.L.P.

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

David Laizerovich

Date

Oct 20 2005

Telephone

872)490-3600

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

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CRIT-27,301

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Nelson Waldo Bunker V. et al.Application No./Patent No.: 10/043,654 Filed/Issue Date: 01/10/2002Entitled: NETWORK SECURITY TESTING

Achilles Guard Inc. D/B/A/ Critical Watch, a Texas Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or2. ☐ an assignee of less than the entire right, title and interest.

The extent (by percentage) of its ownership interest is _____ %.

in the patent application/patent identified above by virtue of either:

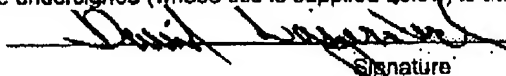
A ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 012891, Frame 0217, or for which a copy thereof is attached.

OR

B ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:1. From: _____ To: _____
 The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.2. From: _____ To: _____
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 The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.06]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.


 Signature

01/20/2005
 Date
David Lalzerovich(972)480-3600

Printed or Typed Name

Telephone Number

President & CEO

Title

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